

STUDENT INFORMATION

Student's last name:		First:	Middle:	Grade:
Street address:			Home phone no.: ()	
City:			State	ZIP Code
Place of Birth:			Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Baptism <input type="checkbox"/> Yes <input type="checkbox"/> No	Baptism Church:	City, State		Baptism date: / /
Communion <input type="checkbox"/> Yes <input type="checkbox"/> No	Communion Church	City, State		Comm. Date: / /
Confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation Church	City, State		Confirm Date / /
Previous School			ICS Church/Parish #:	Religion
Language Spoken at Home:		Ethnicity	Scholarships	
Oldest Child CURRENTLY at ICS <input type="checkbox"/> Yes <input type="checkbox"/> No		Marital status (circle one) Single / Mar / Div / Sep / Wid		Custodial Parent:

Father's last name:		First:	Middle:	Place of Birth:
Street address (If different from Student)			Personal Email:	
City:	State	Zip Code	Work Email:	
Place of Employment		Job Title/ Position	Are you an alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mother's Maiden last name:		First:	Middle:	Place of Birth:
Street address (If different from Student)			Personal Email:	
City:	State	Zip Code	Work Email:	
Place of Employment		Job Title/ Position	Are you an alumni: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Step-Mother's Name	Step-Father's Name	Student's Social Security Number
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EMERGENCY CONTACT INFORMATION

Father's Phone Numbers:		Mother's Phone Numbers:	
Work: ()	Cell: ()	Work: ()	Cell: ()
Emergency Contact Person	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
Emergency Contact Person	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
Emergency Contact Person	Relationship to Student:	Home phone no.: ()	Work phone no.: ()
Doctor's Name:		Office phone no.: ()	Other phone no.: ()

Allergies:	
Dismissal:	<input type="checkbox"/> Parent/Relative Pick-up <input type="checkbox"/> After School Program <input type="checkbox"/> Walk Home <input type="checkbox"/> Carpool with: _____

How did you hear about our school:

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.

Patient/Guardian signature

Print Name

Date

TUITION AGREEMENT

Name of Student(s): _____

Address: _____

Please read carefully and select your tuition payment option.

Payment Plan Options:

Option 1 One-Time Payment in Full

☐ To be paid in full by August 6, 2021 by either cash, check or money order directly to the school

Option 2 Installment Payment Plan through FACTS Management

Please select the number of installments.

☐ Quarterly

☐ Monthly (Ten monthly installments from August through June)

☐ Bi Weekly

All installment payments must be processed and paid through FACTS Management Company by either:

1. Electronic Funds Transfer from a designated checking or savings account; or
2. Credit Card

I acknowledge that I have read, understand and agree to the 2021-2022 tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child(ren) in Immaculate Conception Catholic School, I hereby agree to pay, as scheduled, the net tuition due.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, diplomas and/or transcripts.
- Disenroll the student from the school.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Parent Name

Parent Signature

Date

Print Parent Name

Parent Signature

Date



**Immaculate
Conception**
Catholic School

Consent for Mutual Exchange of Information

Date: / /

Student Name:

Date of birth: / / ID # (if applicable)

I hereby give authorization for the mutual exchange of information / records pertaining to my child:

Between **IMMACULATE CONCEPTION CATHOLIC SCHOOL** and the following organization(s) (including all schools, physicians, therapists and/or other educational facilities that have significant contact with your child):

List the name and address of all agencies/organizations with whom exchange of information is needed:

Name:

Address:

These records are for the purpose of: To obtain additional information regarding the student's grades, academic placement, participation in special programs, history of attendance, behavior, achievement test scores as part of the admissions process.

The receiving party will not release any information to any other party without signed consent:

I certify that I am the parent or legal guardian of the above-mentioned child and have the authority to sign this consent form to release records.

Name (print)

Signature

Address:

City, State:

Zip Code:

Phone: